

# Application for Certification

Section of Community Health & Emergency Medical Services

Box 110616

Juneau, AK 99811-0616

(907)465-3027/FAX: 465-4101

## Mobile Intensive Care Paramedic Course Coordinator

Name:	SSN:
Address:	Date of Birth:
	Home Phone:
	Work Phone:
Occupation:	Gender (Optional):    Male    Female
e-mail address:	

Yes

☐

No

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Have you been convicted of a violation of federal or state law, excluding minor traffic violations, within the last **ten** years?

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Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs?

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## Notary Public

I certify under penalty of perjury that the foregoing is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

THIS IS TO CERTIFY that on this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me appeared \_\_\_\_\_ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_

## ***Application Checklist***

The applicant should review the following list and provide the required materials with the completed application. Evidence of teaching experience, EMS experience, and responsibility may be provided in the form of a letter, transcripts, job descriptions, and other forms which clearly provide the information required. Particular attention should be paid to the dates of time critical events. The Section of Community Health and EMS reserves the right to require clarification or corroboration.

- ☐ Completed, signed and notarized application.
  - ☐ Evidence of authorization to practice in Alaska as a physician, a registered nurse under AS 08.64, a Alaska State Medical Board authorized physician assistant under AS 08.64.107 and 12 AAC 40, a mobile intensive care paramedic under AS 08.64 or evidence of valid certification as a paramedic by the National Registry of Emergency Medical Technicians.
  - ☐ Evidence of having taught at least 50 hours in eight or more of the subject areas contained in the United States Department of Transportation National Standard Curriculum for the EMT-Paramedic, within the five years preceding the date of application, to an audience that included paramedics;
  - ☐ Evidence of at least three years of pre-hospital care experience at the paramedic level;
  - ☐ Evidence of at least one year of responsibility for coordinating education for advanced life support pre-hospital care providers within the preceding five years; and
  - ☐ \$100 application processing fee payable to the *State of Alaska*.
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## ***Applicable Regulation:***

7 AAC 26.174. QUALIFICATIONS FOR CERTIFICATION AS A MOBILE INTENSIVE CARE PARAMEDIC (MICP) COURSE COORDINATOR. An individual may obtain a certificate as a mobile intensive care paramedic course coordinator for a MICP training course if the individual is a physician, physician assistant, registered nurse, or mobile intensive care paramedic currently licensed in Alaska, or is certified by the National Registry of EMTs as a paramedic, and the individual:

- (1) completes an application form provided by the department;
- (2) with the application, provides evidence that the individual has
  - (A) taught at least 50 hours in eight or more of the subject areas contained in the United States Department of Transportation National Standard Curriculum for the EMT-Paramedic, within the five years preceding the date of application, to an audience that included paramedics;
  - (B) at least three years of pre-hospital care experience at the paramedic level; and
  - (C) at least one year of responsibility for coordinating education for advanced life support pre-hospital care providers within the preceding five years; and
- (3) pays to the department a \$100 application processing fee. (Eff. 3/11/98, Register 145)

Authority	AS 18.08.080	AS 18.08.082	AS 18.08.084
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